POSITION	INITIALS	ID NO.	- DATE
FEE DETERMINATION	75	6621	1/3
O.I.P.E. CLASSIFIER		1	<del>                                      </del>
FORMALITY REVIEW	XX.	20242	1-20 00
RESPONSE FORMALITY REVIEW		<del>                                     </del>	1 10.5

## INDEX OF CLAIMS

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— (Through num	eral) Canceled A	Appeal				
÷	Restricted 0	Objected				
Claim 0 Date						
Odair 6 Date	Claim Date	Claim Date				
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If more than 150 claims or 10 actions staple additional sheet here